Frequently Asked Questions About Provider Claims Submissions Software (PCSS)

1. **What are the operating-system and hardware requirements needed to install PCSS?**

    PCSS can be installed on PCs running Microsoft Windows 98 or higher. Adobe Reader 5.0 or higher is required to view product documentation. Internet access is required to receive 835 files via electronic data interchange (EDI) on the Customer Service Web portal. **Additional information on PCSS can be found at** www.mass.gov/masshealth/pcss**.**

2. **How do I obtain a copy of PCSS?**

    To download the software, a recent upgrade, and documentation, go to www.mass.gov/masshealth/pcss.

3. **I currently run PRO 32 (a Medicare software package) on my PC. Can I also install PCSS?**

    No. PCSS and PRO 32 cannot be installed on the same PC. Installing PCSS parallel to PRO 32 may damage data stored within PRO 32.

4. **Once installed, how do I configure the PCSS for my needs?**

    PCSS comes with a set of helpful documents, including a User Guide and the following addenda: 837I, 837P, 837D, Payer Reference File, and the Prepare Sub. These can be accessed by going to www.mass.gov/masshealth/pcss.

5. **Once installed, how do I log on to PCSS?**

    As downloaded, PCSS is configured with a single default user with full system access rights. The default user ID and the default password are SYSADMIN. Once logged on, the user can change the default password in order to control access to PCSS.

6. **I currently use another billing software. Can I import claims from this software into PCSS?**

   PCSS allows the import of claims in **NSF** or **EMC** file formats. Dental and professional claim files must be saved from the existing billing software application to the **IMP1500** folder. Institutional claims must be saved in the **impub92** folder. Both of these folders are subfolders within **WINPCACE**. The files must be saved as **.dat** files in their respective folders. Once the file has been saved, click the appropriate claims processing icon (**Professional** or **Institutional**), and select **Import claims**.

7. **Where does submitter information get entered into PCSS?**

   On the main toolbar click the **Reference File** icon (the button with the folder icon) and choose the **Codes/Misc** tab. From the options, select **Submitter** and choose the appropriate claim type: **Institutional** or **Professional** (dental providers use Professional in PCSS). Click **View/Update** to edit the default submitter information. Complete all fields on the screen, except the **EIN** field, which is always left blank.

8. **How do I name the claims file that will be sent to MassHealth?**

   On the main toolbar, select the **Reference File** icon and choose the **Codes /Misc** tab. From the options, select **Submitter** and choose the appropriate claim type (dental uses the professional claim type). Click **View/Update** and select the **Prepare** tab. Locate the **EMC File** field and name the file. The format of the file name is as follows: (Tnnnnnnn.nnn) or (Hnnnnnnn.nnn). The prefix required for providers in test is **T**; for providers in production it is **H.** The prefix must be followed by your submitter number. The file extension is **.001**. Properly naming the file is critical for identification purposes, file tracking, and diagnostic assistance. For more detailed instructions of this step, please see the 837 Prepare Sub addendum.

9. **How can I identify what provider type I am (solo practice or group practice) on the provider (Prof) setup screens?**

   Group practice provider numbers start with **97** and all other professional provider numbers are for individuals.

10. **What do I do if I am a dental provider and I want the dental box to automatically be filled in on all of my claims?**

    In the **Provider (Prof)** tab, in the reference file, select **View/Update** of the existing dental provider.

    In the **Extended Info** tab, enter a **Y** (yes) in the **Dental Provider** box. Doing so will automatically generate the necessary dental fields within the claim form.

11. **Where do the PCC and prior authorization numbers belong?**

PCC numbers for Professional Providers

- On the **Extended Payer/Insured** page, the PCC numbers are entered in the **Prior Auth no./Type** fields, (fields **17** and **17A** on the **Patient Info & General** page). Both the **First and Last Name** fields must be completed. These fields are also used for company names. Information will not be saved unless both fields are completed.

- Check off **9F** as the type.

Prior Authorization Numbers for Professional Providers

- In the **Extended Payer/Insured** tab, the prior authorization numbers are entered in the **Prior Auth No/Type** field.

- Check off **G1** as the type.

PCC Numbers for Institutional Providers
For institutional providers having only one type (either a prior authorization number or PCC number):

- Enter the numbers in the **Payer Information** tab in field **63** with the appropriate qualifier **9F** (for PCC) or **G1** (for prior authorization).

For institutional providers having both PCC and prior authorization numbers:

- Enter one set of numbers in field **63** with the appropriate qualifier **9F** or **G1**, and the other set of numbers in the **Extended Payer** tab in the **Reference Number/Type** field. The **Reference Number/Type** field is located at the lower left side.

12. Where does tooth number information get entered for dental providers?

The end of the billing line has a field labeled **AT**. Right click on this field and select **Dental** from the options presented. A **Dental** tab then will be displayed above the billing line next to the **Extended Details 2** tab. Click on the **Dental** tab and fill in the tooth number.

13. Where do transportation providers record mileage?

The end of the billing line has a field labeled **AT**. Right click on this field and from the options presented, select **Ambulance**. An **Ambulance** tab then will be displayed above the billing line next to the **Extended Details 2** tab. Click on the **Ambulance** tab and enter the mileage.

14. Can I copy claims?

Yes. Copying claims is useful for a number of situations. Providers that service the same member population each month and whose claims do not change except for the dates of service, may find it useful to copy and modify previously processed claims rather than enter all of the data each month. Other providers may need to resend an entire file or portions of a file that require correction. To copy claims:

- Choose the **Institutional** or **Professional Claims Processing** icon from the main PCSS toolbar.
- Select **List Claims** from the **Options** menu.
- From the drop-down menu choose **TR-Transmitted Only** or **CL-To Be Transmitted** (depending on the status of the specific claims in question).
- Check off all claims to be copied and select **Copy** at the bottom of the screen.
- Once your claims have been copied they will display the status of **CL-To Be Transmitted**.
- From the drop-down menu choose **CL-To Be Transmitted**.

All copied claims will have an updated status of **UNP**, which allows for the editing of claims. New copying features in Upgrade 1.66 allow users to copy multiple claims and carry over all of the fields.

15. How do providers enter resubmittals, voids, and adjustments?

Professional providers

- Enter resubmittals and voids in the **Patient Info & General** tab. Enter the TCN in field **22** (the second box). Fill in the **Frequency** field with the correct code (**7** for replacement or **8** for void).

- Enter adjustments on the **Patient Info & General** tab, but enter the void code in the **Frequency** field first. Enter additional claims using the **Replacement Code** in the **Frequency** field.

Institutional providers

- Enter resubmittals and voids on the **Patient Info & General** tab by using a **7** for replacement or an **8** for void as the third digit in the **Type of Bill** field, and then place the TCN in box **37** on the **Extended Payer** tab.

- Create adjustments by entering a void claim and a corresponding replacement claim.

16. How do COB claims get processed in PCSS?

Professional and institutional providers will need to add additional payer IDs. The payer ID is the three-digit carrier code assigned to the other insurance. The payer IDs are documented in Appendix C of all MassHealth provider manuals. To process a COB claim:

Enter a new Payer ID.

- Choose the **Reference** file from the **Main PCSS** toolbar.

- Select the **Payer ID** tab and enter a new payer ID.

Enter a provider number for other insurance.

- In the **Reference** file, choose either the **Institutional** or **Professional Provider** tab.

- In the **Extended Info** tab, enter the provider number for the other insurance.

  Entering the claim: professional provider.

  - In the **Patient Info and General** tab, enter a **Y** (yes) in the **COB** field.

  - In the **Payer Information** tab, enter the other insurance payer ID in the first line and MassHealth payer ID in the second line.

  - Complete the COB secondary screens must be completed. These tabs are labeled **MSP/COB** and are located in the **Billing Line Items** tab and the **Extended Payer** tab.

<u>Enter the claim: institutional provider.</u>

- In the **Diagnosis/Procedure** tab, enter a **Y** (yes) in the **COB** field.

- In the **Payer Information** tab, enter the other insurance payer ID in the first line and MassHealth payer ID in the second line.

- Override condition codes for INST claims are entered in the **Condition Code** field in the **Patient Info & General** tab.

- Complete the COB secondary screens. These tabs are labeled **MSP/COB** and are located on the **Billing Line Items** tab and on the **Extended Payer** tab.

17. Where do providers find the prepared claims (ANSI 837) file?

The ANSI 837 prepared claims file is located in the **WINPCACE** folder.